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\*\* CONTINUING DATA \*\*\*\*\*

*DOB none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*DOB none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>AS</i>				

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## TITLE

Foot orthotic

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